



Long Term Care NEWSLETTER

Indiana State Department of Health

ISDH Long Term Care
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Public Health Essential of the Month

Essential # 3: Inform, Educate, and Empower People about Health Issues

In 1988 the Institute of Medicine identified three core functions of public health - assessment, policy development, and assurance. In 1994 the Core Public Health Functions Steering Committee expanded the core functions and identified ten public health essentials. The essentials describe public health activities that should be undertaken in all communities. The ten essential services provide a working definition of public health and a guiding framework for the responsibilities of local and state public health systems.

The concept of public health accreditation is now being developed as a means for improving public health. The essential services are a foundation for the National Public Health Performance Standards Program (NPHPSP) instruments and public health activities. Each month in 2008 the ISDH will be highlighting one of the ten public health essentials.

This month the ISDH highlights essential number three: Inform, Educate, and Empower People about Health Issues. Under this essential, public health agencies and providers will develop and promote initiatives using health education and communication sciences to:

- Build knowledge and shape attitudes about public health issues
- Inform about decision-making choices
- Develop skills and behaviors for healthy living
- Develop health education and health promotion partnerships within the community to support healthy living
- Promote media advocacy and social marketing.

Essential number three is intended to emphasize providing health information, providing health education, and promoting healthy activities. Over the next month, consider how your health care facility can make accessible health information and educational resources.

Holiday Hours

Good Afternoon. The ISDH Long Term Care Newsletter is being published a day earlier this week than normal. Tomorrow, Friday March 21, is a state holiday. The ISDH offices will be closed for the day in observance of the holiday. The ISDH will resume regular hours on Monday, March 24.

LTC Leadership Conference

The Indiana State Department of Health's (ISDH) third Long Term Care Leadership Conference was held Tuesday, March 18, 2008 at the Indiana Convention Center in Indianapolis. The ISDH would like to express our appreciation to all of the participants for taking time out of their busy schedules to attend. The attendance exceeded our expectations. There were 1,145 people registered and 1,064 people attended the conference. This included staff from comprehensive long term care facilities, long term care associations, consultants, interested associations, and state long term care surveyors and staff.

The day began with Beryl Goldman, Ph.D., MS, RN, NHA, Director of Kendal Outreach of Kennett Square, Pennsylvania, discussing a restraint free future and the Pennsylvania Restraint Reduction Initiative. State staff provided an overview of the regulatory requirements of restraints along with several case studies of the use of restraints. Joanne Rader, RN, MN, FAAN, consultant and Associate Professor of Gerontological and Mental Health Nursing at the Oregon Health Sciences University School of Nursing, presented the case for "Creating a Restraint Free Environment." Finally, Dr. John Wernert, a practitioner of Geriatric Psychiatry, and Gerald H. Roesener, RPh, CGP, FASCP, President of the Indiana Academy of Long Term Care Pharmacists, discussed the benefits of the Behavior Team Model that can be used in managing behaviors and psychiatric issues. The ISDH thanks each of the presenters for their time and expertise in providing information and best practices to conference participants.

The ISDH provided all participants with a resource manual and a book ("Geriatric Medication Handbook"). Facilities not in attendance will receive the resource manual and book provided at the conference. Although not available at the conference, all facilities will also receive a copy of the book and CD-Rom, "Bathing Without A Battle." These materials will be mailed to facilities as they become available.

The ISDH hopes that the Leadership Conference was beneficial to each of the participants and was a good use of your time. It was a pleasure to meet many of you and discuss healthcare quality. We look forward to seeing many of you at the next conference on "Emergency Preparedness" on September 23.

We have several items that were left in the conference room. If you believe that you may have left something in the conference room please contact Nancy Adams at (317) 233-7480.

CMS Program Letter

On March 7, 2008, the Centers for Medicare and Medicaid Services (CMS) issued a Survey and Certification Letter on initial surveys of Rural Health Clinics and Skilled Nursing Facilities. [Survey and Certification Letter 08-13](#) is attached for your information.

QMA Program Update

All qualified medication aides (QMAs) must submit the "Qualified Medication Aide Record of Annual Inservice Training" form as part of their certification renewal process. Each form is reviewed for both the required inservice education topics and mandatory six hours. During the review process additional information may be needed to clarify the inservice information.

The ISDH has discovered a few cases where the information submitted on the inservice form was falsified. This includes situations such as the QMA did not attend the inservice or the instructor's signature was not the instructor's actual signature.

If there is some question about the information on the form, the ISDH will initiate an investigation. The ISDH takes falsification of records very seriously and will take enforcement action if records are falsified. If falsification of records is found, the QMA's certification will be revoked. If the QMA is also a CNA that certification will also be revoked.

CPR Policy Update

In our February 22, 2008 LTC Newsletter [Issue # 08-05], the ISDH released a [policy](#) regarding the surveying of cardiopulmonary resuscitation (CPR) in a long term care facility. The policy refers to long term care facilities. The ISDH was asked to clarify whether this policy applies to licensed residential care facilities.

The CPR policy is based on an appropriate facility policy for implementing CPR. The basis of a facility policy would be an appropriate assessment of the resident. A physician or nursing assessment would be expected as part of the facility policy criteria in determining whether CPR is appropriate.

The concern of the ISDH was whether the residential care facility would have the necessary physician or nursing staff present at the facility needed to perform the assessment. Residential care facilities are not necessarily required to have nursing staff on site at all times [410 IAC 16.2-5-1.4(b)]. If the residential care facility does not have nursing staff on site, there will not be a qualified individual to assess the resident pursuant to the policy. In that case the facility is likely obligated to initiate CPR unless there is a do not resuscitate order. If there is a nurse on site who can make the necessary assessment and the facility has a CPR policy, the ISDH CPR policy would be applicable to residential care facilities.

Alzheimer's Training Update

The Alzheimer's Association of Greater Indiana requested that we pass along to you information about Alzheimer's and dementia care training opportunities. Attached are two brochures on training opportunities. The first brochure is entitled "[Dementia-specific professional training opportunities](#)" and describes a new training program called *The Brand New and the Tried and True in Dementia Care*.

As highlighted in a previous newsletter, the Alzheimer's Association has implemented an Alzheimer's and dementia care certification program. The ISDH has provided scholarships to this certification program. Attached is a brochure entitled "[Dementia-specific web-based training scholarship](#)" describing this opportunity.



That is all for this week.

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